**Adventure Party Booking form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/carer name | |  | | | | | | | | | | | | | | |
| Child’s name | |  | | | | | | | | | | | Age |  | | |
| Address | |  | | | | | | | | | | | | | | |
| Email address  (please print clearly) | |  | | | | | | | | | | | | | | |
| Daytime telephone no. | |  | | | Mobile  telephone no. | | | | | | | |  | | | |
| Date(s) requested | |  | | | | | | | | | | | | | | |
| Party session time **(please tick one)** | | 10am to 1 pm |  | 1.30pm to 4.30 pm | | | | | |  | | | NB Times include ½ hour at the end of the session for your party food | | |  |
| No. of guests (min. 10) | |  | | | | | Age range of guests | | | | |  | | | | |
| **EXPLORER EXPERIENCE £17 per person Please tick one activity from the below:** | | | | | | | | **ACTIVE ADVENTURER £22 per person Please tick one activity from the below:** | | | | | | | | |
| Shelter building & cooking marshmallows on fires | | | | | |  | | High ropes\*\* (8 yrs and over) | | | | | | |  | |
| Low ropes course | | | | | |  | | Team swing\*\* (8 yrs and over) | | | | | | |  | |
| Stream walk | | | | | |  | | Climbing tower | | | | | | |  | |
| Archery\*\* (8 yrs and over) | | | | | |  | | Skyline ropes course\*\* (8 yrs and over) | | | | | | |  | |
|  | | | | | |  | |  | | | | | | |  | |
| **For both Explorer Experience and Active Adventurer parties, tick a second activity** | | | | | | | | | | | | | | | | |
| Buggies | | | | | | | | | | | | | | |  | |
| Indoor bouldering | | | | | | | | | | | | | | |  | |
| Frisbee golf | | | | | | | | | | | | | | |  | |
| GPS trail | | | | | | | | | | | | | | |  | |
| Orienteering | | | | | | | | | | | | | | |  | |
| Any other information (e.g. wheelchair access, additional needs, medical information). | | | | | |  | | | | | | | | | | |
| Payment is required no less than 14 days prior to your booking and can be made by:   * Cash – the office is open Monday to Friday from 8am-5pm * Card – please call 01629 534561 (quoting date of party and child’s name). | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | Date | |  | | | | | |
| Please return this form to: Lea Green Learning and Development Centre, Main Road, Lea, Matlock, Derbyshire, DE4 5GJ Tel: 01629 534561 or email: [leagreen.admin@derbyshire.gov.uk](mailto:leagreen.admin@derbyshire.gov.uk) | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY:** | | | | | | | | |
| Dates offered |  | No of children | |  | | No of adults | |  |
| Provisional costing: |  | CU Sheet | |  | | MU Sheet | |  |
| CONFIRMATION  LETTER | | | Post | |  | |
| E-mail | |  | |
| Invoice No |  | Date |  | | Amount | |  | |

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